



Camp P.A.W.S. Application and Registration

Animal Services Division
PO Box 4110
885 Oklahoma Ave
San Luis Obispo, CA 93406
(805)781-4400



Applications for Camp P.A.W.S 2010 will be accepted beginning April 15th and may be submitted by mail or personally delivered to the Animal Services office during normal business hours. ***All applications must be received by Animal Services before the close of business on May 1st.***

Enrollment in Camp P.A.W.S. will be conducted on a lottery based system with participants selected at random from all applications submitted prior to the May 1st deadline. Applications which are not selected or which are submitted after this deadline will be held as a waiting list should any camp vacancies develop.

Applications must be submitted by each participant's parent or guardian. No more than two applications will be accepted from a single household.

Child's Information	Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
	DOB (mo/day/yr) _____	<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large T-shirt size (adult)	
Parent or Guardian's Information	Name _____		
	Address _____		
	City _____	Zip _____	
	Home Phone _____	Cell Phone _____	Email _____
Choice of Camp Dates	Please indicate your first, second, third, and fourth choice camp sessions.		
	____ Session 1: June 21-25 ____ Session 3: July 19-23 ____ Session 2: July 5-9 ____ Session 4: Aug 2- 6 Applicants will be assigned to their highest ranking session for which spaces are available.		

Release and Hold Harmless Agreement

I hereby attest, under penalty of perjury that I am the parent or legal guardian of the minor child listed in this application and I have the authority to act on the child's behalf in legal matters. I am not aware of any physical disability or health related reasons which would preclude said minor from participating in Camp P.A.W.S. I further understand that Animal Services personnel and agents are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I understand that participation in this program can include activities with may expose him/her to certain risks of injury.

I understand that said minor child may be video or photographed in conjunction with their participation in Camp P.A.W.S. I hereby release any claim or right of control over these images and authorize Animal Services to utilize these images or their likeness for promotional or educational purposes.

In consideration of this consent to participate in these programs and activities, I hereby agree, on behalf of said minor, and his/her assigns and heirs, to release, defend and hold harmless, the County of San Luis Obispo, the Health Agency, the Division of Animal Services and their employees, agents and/or representatives ("Releasees") from any and all direct, indirect, special or consequential actions, claims, damages, costs, and liability, legal or otherwise, arising or resulting from said minor child's participation in the activities sponsored or associated with Camp P.A.W.S. including without limitation, damage to or destruction of any property or injury or death to any person.

This release shall be binding upon my heirs, administrators, executors, and assigns. In signing this release, I acknowledge and represent that I have read the foregoing Release/Agreement, fully understand it and its content and sign it voluntarily and that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am aware that this is a release of liability and a contract between myself and the releasees and sign it of my own free will on behalf of said minor. I am fully competent and I execute the Release Agreement for full, adequate and completed consideration fully intending to be bound by the same.

Print Name (legal guardian)

Signature (legal guardian)

Date